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PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
AL TOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott, Hon.	Assiniboia	PC
KHAN, Obby	Fort Whyte	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan, Hon.	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REYES, Jon, Hon.	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SMITH, Andrew, Hon.	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Thompson	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 19, 2022

The House met at 10 a.m.

Deputy Clerk (Mr. Rick Yarish): It is my duty to inform the House that the Speaker is unavoidably absent. Therefore, in accordance with the statutes, I would ask the Deputy Speaker to please take the Chair.

Mr. Deputy Speaker (Andrew Micklefield): O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

We acknowledge we are gathered on Treaty 1 territory and that Manitoba is located on the treaty territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Otaye [*phonetic*], Denesuline and Nehethowuk nations. We acknowledge Manitoba is located on the Homeland of the Métis—sorry, of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit. We respect the spirit and intent of treaties and treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Good morning, everybody. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Mr. Matt Wiebe (Acting Official Opposition House Leader): This morning, I would ask that we call Bill 235, The Public Schools Amendment Act (Nutrition Programs), for second reading.

SECOND READINGS—PUBLIC BILLS

Bill 235—The Public Schools Amendment Act
(Nutrition Programs)

Mr. Deputy Speaker: It has been announced by the honourable member for Concordia (Mr. Wiebe), that number—Bill 235, The Public Schools Amendment Act, be now called and read—called for second reading and debate.

Mr. Nello Altomare (Transcona): I move, seconded by the member for Notre Dame (MLA Marcelino), that Bill 235, The Public Schools Amendment Act (Nutrition Programs), be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Altomare: The—this bill amends The Public Schools Act to require the minister to report each year by school division and district that schools provide or will provide these nutrition programs and give a review of what is out there in Manitoba. It's an important bill. It helps with Manitoba's Healthy Schools initiative, provides important data so that we can make important decisions here in this House to support kids, support their experience at school, support their families.

And, especially at this time, Deputy Speaker, as we're coming out of pandemic, we know that many families were certainly impacted by the pandemic and they are now in the midst of recovery. So what better way to help families recover, especially families that are working really hard to provide the necessities of life to their kids, to their communities, (1) right at this point, where we have many Manitobans that do work minimum-wage jobs. Minimum-wage jobs certainly don't provide the necessary funds to support a growing family. And this is a way that a school can do that.

But, more importantly, what this bill does is provide the data: what's out there, what's the lay of the land regarding nutrition programs in Manitoba. Right now, the Child Nutrition Council of Manitoba does provide a bit of a snapshot of what's out there, but that data is sporadic, it's not complete and it allows for, I think, too much of an emphasis here on Winnipeg because many of the programs that the Child Nutrition Council support are located here in the capital city.

What this bill will do is get a snapshot also of what's occurring in schools and school districts outside of Winnipeg, which will give a really important snapshot as to what's required. And it's kind of a bit of a precursor, something that can provide the department's Healthy Schools initiative a real reason to step in and to provide these programs universally throughout the province.

We do know that nutrition programs are seen as something that's a curricular support, something that—

part of a child's school day. We do have many examples in many developed countries throughout the world where nutrition programs are used and an integral part of a child's school day.

Deputy Speaker, I've spoken a lot about what happens in Scandinavian countries. Ontario right now is looking at implementing a program that is similar to what happens in Scandinavian countries. And we have throughout Canada different applications of nutrition programs in schools because they see it as a cognitive piece, something that can help kids be better learners.

But the other thing it does, Deputy Speaker, is that it allows for a creation of community. Because what we see is—when we have nutrition programs—what we see is we have more parents become involved in the school day. And what does that do? Well, it helps in breaking down some of those barriers that we have seen exist when people have school aversion. We do know the impact of residential school and inter-generational trauma. And there's real school aversion that can be overcome by having programs like this where we invite the community in to not only be a part of the nutrition program but also help in providing and working in a nutrition program.

In some of the schools that I was exposed to, one of the things that you noticed really, really quickly is when nutrition programs were in place, that there was a strong community connection—parents walking their kids to school often. You know, parents coming after their night shift, walking their kids to school and sitting down with their child in Polson School, actually; having breakfast, getting ready for the day and then handing their child over to the school.

What we noticed though, when we were at some of the schools that I worked at, is that it was more than just breakfast, Deputy Speaker. We began to notice that there was a need for providing nutrition to kids throughout the day. So what we did is we adjusted. While the breakfast program still existed, we also had a snack throughout the day. And the way snack was taken care of is that we had carts that were wheeled out that followed a lot of the Child Nutrition Council's recommendations for nutrition levels in the snacks that were provided to kids.

* (10:10)

Because sometimes we had kids arrive at school not at that traditional time at the beginning of the day, sometimes they would come in either after appointments or just getting ready for the day at home would

sometimes delay them, where they would need some nutrition and some sustenance to get them through the day.

I can talk about the research behind this, Deputy Speaker. It is well established that having adequate nutrition certainly helps, not only in cognitive development, but also it settles the body down. It gets you ready to learn—and that is a term that has been used since schools since I started working in schools back in the '80s. The ready-to-learn piece is something that's important; it gets kids in that right frame of mind to get ready to learn at school and to be a contributing member of their communities.

You will find, too, that with the data provided with Bill 235 is that the Province can then map out what a nutrition program, province-wide, can look like, what the needs are, and then establish some really solid guidelines for the nutrition component of the program. And the data here that'll be generated is really important and one that could provide—and help provide, sorry, a road map moving forward in this important program.

I will say that the important work—I do want to lift up the people at the Child Nutrition Council; they noticed a void. And so what the Child Nutrition Council did in the early 2000s is partner with the Manitoba School Boards Association, and because the Manitoba School Boards Association noticed a gap, noticed that kids were coming to school hungry, and they needed to ensure or find a way to support kids and families that were experiencing that.

We do know the ravages of child poverty—but it's not just child poverty. This is poverty in general, Deputy Speaker, in Manitoba. And one of these things, as I talked about in my earlier remarks, is coming out of the pandemic, it would be this—it provides opportunities for us to provide the programming that is necessary for kids to be successful at school.

Here is one of those pieces with—Deputy Speaker, what I said earlier—with reams of data that support these programs and how they positively impact a child's experience at school and in their community.

I think, like I said earlier, that one of the really important benefits of having nutrition programs in schools is how it helps build community. I recall in my experience in a couple places that I worked at, where some parents had their first exposure at school by coming through the nutrition program. Eventually, those same parents would work in our lunch program—

lunch supervision program—and then from the lunch supervision program they use that as a springboard to apply to become an educational assistant, and were then able to support their families. Their children see them as contributing to their school community.

It just builds a really positive culture, Deputy Speaker, that really—it really lifted a number of families, not just out of poverty when it comes to dollars and cents, but also poverty in being exposed to your community. It gets people together. It gets them together to talk about solutions to problems that may be occurring in the neighbourhood. It just acted as a real community hub.

And these are some of the compelling reasons—other than the pedagogical, curricular ones that we know that nutrition provides, but the data collected from Bill 235 can help the Province plan for success for kids at school.

Like I said earlier, the pandemic has exposed many cracks. Here is a way, a tangible way: let's connect, collect the data, and then using that data, design programs that will support kids and families in schools so that they can be successful learners but, more importantly, see themselves as community members, Deputy Speaker. And I look forward to debate on this PMR.

Thank you.

Questions

Mr. Deputy Speaker: A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: the first question to be asked by a member from another party; and that's to be followed by a rotation between the parties; each independent member can ask one question. And no question shall exceed 45 seconds.

Mr. Josh Guenter (Borderland): I'm wondering if the member could advise who was consulted in the drafting of this legislation?

Mr. Nello Altomare (Transcona): I want to thank the member for Borderland for that question.

We can—I talked extensively with schools in River East Transcona School Division. I also talked with the Child Nutrition Council, and I also had conversation with the—I forget if he's the director of the Manitoba School Boards Association regarding these programs.

Both indicated—or all always indicate how the programs are now evolving into providing nutrition

throughout the day, and this is something that's really important. It allows it to be a little more nimble because it's not just breakfast, as they said earlier, Deputy Speaker. This is something that is evolving, that is going throughout the day.

So I want to thank the member for that—

Mr. Deputy Speaker: The member's time has expired.

Mrs. Bernadette Smith (Point Douglas): I want to thank my colleague, the member from Transcona, for bringing this very important bill forward that, you know, speaks to the future of our children.

I'd like to ask the member what experience they have as an educator that makes them believe that this bill and universal nutrition programs, more broadly, are so important?

Mr. Altomare: I want to thank my colleague for the question.

I know my colleague, the member from Point Douglas, also has a lot of experience in public schools and knows the value of nutrition programs. But more—most importantly, one of the things I really noticed, Deputy Speaker, was that kids that were school-averse, this is a way that we got them into school.

I still remember certain kids that, you know, were not very successful in a very traditional learning environment, but you know what, you put a—put some—invite them in for a meal, sit them down and have some really, really good conversations, get to know the child, what the barriers are for them. What a nutrition program allows for is another avenue, a more non-traditional avenue to get to know the child—

Mr. Deputy Speaker: The member's time has expired.

Ms. Cindy Lamoureux (Tyndall Park): You know, a couple of weeks ago, I introduced the resolution increasing investment to school nutrition programs, and through this process I really learned the importance of consulting with MTS, the Manitoba Teachers' Society, and the Child Nutrition Council of Manitoba.

The member has not talked about or referenced MTS at all throughout his introductory remarks, but I'm wondering, specifically, about CNCM.

When did he consult with them?

Mr. Altomare: I know one of the board members at CNCM. I did consult with them, oh, a few weeks back.

I don't know exactly who or the—like, that part was difficult, so I will say that I'll do a better job of that. So, thank you.

Ms. Janice Morley-Lecomte (Seine River): I'd also like to thank the member from Transcona for this bill.

Can the member answer what detailed information about the type of nutrition program is required to be submitted by the school boards?

Mr. Altomare: What we would do is we just asked if meal programs are being provided at the school and how they're being administered. So, if they're being supported by CNC or if they're being supported by just the school going out into the community and getting support for their meal programs. So that's what we would want as some data on.

Thank you.

Mrs. Smith: Can the member tell us what will this government be able to do with the information that will be reported if this legislation is passed?

* (10:20)

Mr. Altomare: I want to thank the member for that question.

With the information, what it does is that provides data—important data—so that the government can cost out a program if they were willing to go down this road for nutrition programs. It also would give an indication as to where they can source some of these pieces and who some of the community partners that can be involved in providing this.

So I think it'd be really important just to see and get a snapshot, Deputy Speaker.

Mr. Guenter: I'm wondering if the member could expand a little bit more on—and share with the House what the—what school divisions had to say on this bill.

Mr. Altomare: Again, I want to thank the member for Borderland (Mr. Guenter) for that question.

What school divisions have noticed, coming out of the pandemic, is that as kids were coming back, they're starting to see that some were really suffering from not being able to be in these community-based programs like a school nutrition program. And they noticed that kids were having a hard time coming back and reintegrating back into that school environment.

And what some school divisions are saying is that it would be nice to have a bit of a direction from the provincial government regarding this. Like I said earlier in my remarks, there are many programs that

are out there throughout the world in many developed countries, many models that we—

Mr. Deputy Speaker: Member's time has expired.

Mrs. Smith: I'm wondering if the member can speak to absenteeism and how this would affect children in schools to have nutritious programs provided for them.

Mr. Altomare: I do—in my experience working with kids in schools, the nutrition program acted as a draw to school, and then once they were at school, we're able to provide the supports that that child needed to thrive in a learning environment. A lot of times, a kid just needs to be able to sit down, calm themselves, get themselves ready for the school day and ensure that they're ready to learn—something that, of course, a lot of us, as teachers, know. And I know there's a number here in the House that were teachers and understand that.

Thank you, Deputy Speaker, and thank you.

Ms. Morley-Lecomte: Could the member opposite tell us who would be seen as the administrator of this report?

Mr. Altomare: I think I heard who would be the administrator of the program? *[interjection]* Okay.

The—I—what we can do—this is an opportunity to work with the Child Nutrition Council, to have them provide—because they already have a lot of the experience, Deputy Speaker, in providing this program. And I think that would be a good place to start as the—as a group that would administer something like this or help collect some of the data as well.

Mrs. Smith: The Auditor General recently surveyed school leaders. They said that they don't believe this government is providing what children need to recover from the pandemic.

How can nutrition programs help families recover from the pandemic?

Mr. Altomare: Thank—I want to thank the member for Point Douglas (Mrs. Smith) for asking that.

It can help recover from the pandemic because we do know that many families struggled in providing support for their kids and providing the necessities of life at home because they were restricted in the work that they can do.

Typically, people that work in minimum-wage jobs or the front—like, they were front-facing and had—going to work—you couldn't go to work to earn money

to 'support' your family, so this is another opportunity for that to happen.

And again, coming out of the pandemic, we need to see this as an opportunity, Deputy Speaker, so that we can provide yet another support—

Mr. Deputy Speaker: Member's time has expired.

Mr. Guenter: I'm wondering if the member could explain why the onus would be on the school divisions to collect and publish data on the number of students participating in each program?

Mr. Altomare: I want to thank the member for that question.

School divisions and school leaders and the people that work in schools know their kids best. Deputy Speaker, they're the ones that are the real front-facing workers that can certainly provide that data. I know if I were to be—all it is, if my school division had asked me to provide that, I would just say I would have—I had a breakfast program and I had a snack program that occurred throughout the day. And that would be enough of the data that would be required by this bill to get it through.

So, thank you.

Mrs. Smith: When the Manitoba NDP last proposed a universal nutrition program, the MLA for Radisson said, and I quote: I'm not interested in the universal, don't-have-breakfast-with-your-family approach.

Is the Manitoba NDP actually opposed to children having breakfast with their parents?

Mr. Altomare: No, we're not. But I think what the pandemic has seen is it does allow us to evolve in our thinking when it comes to nutrition programs. I'm not going to—I can't—I don't know what's in certain members' minds, but I do know that, coming out of the pandemic, it has certainly challenged us to provide what's needed for schools and for kids. And here's an opportunity that we can't miss to ensure that we provide nutrition for kids that need it when they're at school.

Thank you, Deputy Speaker.

Mr. Deputy Speaker: The time for questions has expired.

Debate

Mr. Deputy Speaker: The floor is open for debate.

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): It gives me a great

pleasure and honour to stand today and put a few words on the record in regards to bill 35, Mr. Deputy Speaker. And I'd like to thank the MLA for Transcona, my friend from Transcona, for bringing forward this bill, because it gives us an opportunity to chat and have a bit of a debate on something that is very important in Manitoba, The Public Schools Amendment Act (Nutrition Programs).

So, as some of the questioning had already started during the question period, it—we on this side of the House—and I'll say that our government likes to and, I think, has done a great job collaborating and working with our education partners throughout this whole province of ours, Mr. Deputy Speaker. And I look to the bill and I see some validity to the premise of it, absolutely. I think, you know, as the member had stated, you know, he spoke with his own school division and he spoke with some director, he thinks, a few weeks ago, in regards to the Child Nutrition Council, and then also possibly a director from the Manitoba School Boards Association.

We take this topic of—whether it's poverty or learning and various different things that contribute to student success—very seriously, Mr. Deputy Speaker. And we're working with various education partners all across this great province of ours. And so with this, I'm almost thinking, you know, as far as the legislation and—the member is bringing this forward as a piece of legislation as opposed to potentially, you know, having that discussion with myself as the Education and Early Childhood Learning Minister or some of our other colleagues.

Because this is not just an education approach, this is definitely nutrition. This goes all across this great province of ours, and I think that this is a topic that potentially could be, actually, with a little bit of an olive branch here—I'd much like to work with the member from Transcona on maybe not having to go with such a rigid thou-shalt approach as far as a piece of legislation, but possibly even work with him and working with those education partners across the province on building certain policies or different things that we could be asking school divisions for those pieces of information.

I think it could just be simply as—you know, as the member from Tyndall Park mentioned—I mean, it's as easy as picking up the phone and having those conversations, and not expecting that the answer's going to be there as soon as they answer the phone, but it

continues with the conversation, and trying to get the information out there.

* (10:30)

Our government had created the provincial Task Force on Poverty and Education with intersectoral stakeholders from across Manitoba to explore the impacts of poverty on education, to identify actionable strategies to remove the barriers to the participation in learning and work in connection with the Province's Poverty Reduction Strategy.

Public engagement is currently under way, Mr. Deputy Speaker. This task force has established a subcommittee on nutrition and food security, and I am looking forward to hearing the results of their consultations and recommendations. And when that comes forward as well, I will definitely be inviting the member from Transcona into my office to get a briefing on those results.

We know that the Child Nutrition Council of Manitoba is to be commended for supporting more than 271 programs, reaching more than over 33—probably closer to 35 thousand students, Mr. Deputy Speaker.

As well, as the member from Transcona did mention, the great work of our Healthy Schools in Manitoba initiative, which is to promote the physical, emotional and social health of school communities. And it's also based on the belief that good health is important for learning, and that school's in a unique position to have a positive influence on the health of children, youth and their families.

Healthy Schools has identified six health topics as priorities within the school community: healthy eating, mental health, physical activity, safety and injury prevention, sexual health and substance abuse and addictions. The member knows that because him and I have shared a few conversations about our history and our former careers—before we got into this wonderful, honourable occupation, I—this coming September would have started my 29th year of teaching. And I know that the member from Transcona has me beat on that a little bit, but, definitely, the experience is definitely there.

We know that, within the schools, we have nutritional programs. We have courses to help with not only the students themselves but then having those conversations with parents and guardians and having, you know, Manitoba school boards have those discussions within their administration, and then teachers, of

course, which then deliver the programs to the students.

All through the early years and middle years we've got the home ec courses at 7 and 8 and teaching, you know, basically, not just the food guide, but also many other good, positive outcomes and teachable moments on healthy lifestyles and what they can do, not only in school, but outside of school in their—either their extracurricular time or at home.

I also know that the Healthy Schools initiatives are more successful if they involve everyone: school leaders, students and their families, staff and a whole school community. When there's leadership support, and everyone is committed, health-promoting activities can be very well-planned, co-ordinated, implemented and sustainable over the long-term.

I would like to bring the attention also to a couple other things. I know that the member from Transcona mentioned on how, you know, post-pandemic, but also during the pandemic and previously to the pandemic, that families are working hard—really hard—to provide necessities of life to make sure that there're nutritional avenues—they're able to not only teach their kids but send their kids to either school or have those breakfast programs, as the member mentions, within the schools.

I think it is relatively easy to be able to sit down and create those policies and ask school divisions those basic questions that he mentioned. I know that he hasn't had an opportunity to really consult with many of those stakeholders, but I think a lot of that process is well under way, and definitely we can ask for some of that data to be back. And, again, we'll be looking forward to a lot of the recommendations and the findings from the education and poverty task force as well, Mr. Deputy Speaker.

So, back on the—and I quote—the member from Transcona talking about how really hard that families that have to work to be able to provide—you know, that is one thing that I'm hoping that this afternoon that the member will vote in favour of Bill 39 and move it forward to committee, because within that bill—and not only the bill but also the budget. We have provided, in Budget 2022, quite a significant opportunity to basically make life more affordable, whether it's the—take the education tax off a property, which is going to be about 37 and a half per cent.

Whence—once that budget gets fully passed—I know that the members opposite have voted against that, so I'm not quite sure why he's talking about how

hard families have to work, yet will vote against something that will have a major, major tax relief to over 455,000 homes, Mr. Deputy Speaker, which then—it's basic math. Even the NDP can do the math, that that brings in a savings of well over 900,000 individuals, and that's just simple: times the households by two. In addition to that, over \$500 on tax relief to renters.

So, I'm really strongly encouraging the members to vote in favour of that bill, but also I do look forward to working with the member on policies moving forward in regards to nutrition.

Thank you.

Mrs. Bernadette Smith (Point Douglas): I want to thank my colleague again for bringing forward this very important bill. We have a lot of children in Manitoba who, you know, require food to learn. As an educator myself, I know—and actually, as a student, you know, as a child myself that grew up in poverty—I know how important it is to have those programs at school.

Especially for, you know, a child that doesn't have lunch, they will choose not to go to school because other kids are pulling out their lunch and eating. So they'll skip school, they'll go out into the community, you know, their parents think they're going to school. Perhaps, you know, they might get into some trouble, they might get exploited—like, there's all sorts of ramifications from—for not providing nutrition programs in schools.

I had the opportunity several times to go into many schools. Child Nutrition Council invited me into some of the schools in my community to come and actually see what a nutrition program is like, whether that was breakfast or lunch, and the impact that it has on those families and those children.

As an educator myself, I saw the—you know, the impacts that it had on many children, many families who, you know, won't benefit from Bill 39, as the member from Lac du Bonnet had referenced, that this is going to make life more affordable. It may make life more affordable for someone who is a corporate landlord, that doesn't need that extra funds. But someone who is on EIA, that hasn't had an increase in their benefits for, you know, a number of years, certainly the last six under this government.

Food has gone up, and families are struggling. And this Bill 39 is certainly not going to benefit them in terms of nutrition and making sure that they have

the food that they need to learn, but also to make sure that they're going to school.

We have a real absenteeism problem in this province. This government has failed to address that, and a big part of that—out of the report came nutrition. Families cannot afford to feed their kids in the morning, you know. And I know the member from Radisson loves to eat breakfast with his children, and that's great. He can afford to, you know, provide that food. But we also need to think about those families that would also love to have that breakfast with their family but can't afford it, and goes to the school, you know, to have a nutritious program with other kids.

And like the member from Transcona said, it builds community. It brings kids together. It brings parents into the school, because these programs are often run by parents, parents who may not be getting paid. They may be, you know, volunteering their time. They may be volunteering to get some experience to, you know, possibly go on to become an EA, as the member from Transcona said.

* (10:40)

But it's also about, you know, having their children see that education is important, that nutrition is important. And the schools, when they're providing these nutrition programs, they are looking at the nutrition of these kids and making sure that they are, you know, meeting the basic food groups, that they are getting healthy food.

You know, sometimes—and I know I've gone to Harvest and helped, you know, pack food hampers for families and even the—during the pandemic, some of the community organizations putting together hampers for families. And Harvest gets food that, you know, people donate, and a lot of times it doesn't contain eggs, you know, which is a protein. So they're given things like chili.

And I've seen this in the North End schools, where schools don't have the funds to be able to make, you know, pancakes or eggs or bacon, you know, stuff like that. Stuff, you know—even bagels, and I know the member from Radisson, we were talking the other day about, you know, he had breakfast with his children and it was bagels and we were laughing because it was like, well, it is a—was it homemade bagels? But it wasn't, but—even those types of things, like, they take whatever they get donated. And children were eating chili for breakfast, from a can. Not something that I, personally, would feed my children if I had a choice,

but because they don't have a choice, that's what children are having to eat.

And I've said that in this House many times when I was the Families critic. I talked about nutrition in schools and how important it was and what we were seeing in the inner-city schools, especially with no EIA increases. And, you know, certainly this government could provide support for nutrition programs in schools so that kids aren't going hungry, or they're not skipping class.

And again, you know, some people have the means to be able to feed children. And the member from Lac du Bonnet referenced a Poverty Reduction Strategy. Well, when the NDP was in government, we actually had markers; we had, actually, objectives and we had, you know, goals to meet. And this government has actually taken away those objectives. They actually don't report on poverty anymore. There actually isn't a committee for members to come and speak to the poverty strategy that is non-existent from this government.

You know, I haven't heard any report from this government in the last two years, and the member from Lac du Bonnet is saying that, you know, that they've produced a report and that people are able to speak to it. But I would say not, because I know for a fact, because I've had members ask why they can't come and speak to it. And they want to speak directly to the nutrition and why this government is not providing schools the opportunity to have those funds to be able to provide those nutrition programs.

Right now, what schools are having to do is they're having to take it out of their overall budget, and this government has said, well, we've given them enough money, they just need to figure out how to manage it. Well, what's happening is teachers or schools are having to make hard decisions. And a hard decision is—you know, for them, it's an easy decision, is to feed kids. But that also means taking money from somewhere else.

And we've seen that with less supports in the classroom—you know, we're now seeing K to 3 with more than 20 students in a class. And I know the member from Lac du Bonnet was a teacher and he would know that, you know, younger children need more supports. And, you know, having 27 kids or 24 kids in a classroom from K to 3 is not conducive to their learning. They need more support.

And, you know, this government has a responsibility, and I know that, you know, leaders have spoken

on this. School leaders have said that they need more support. And, you know, the member from Transcona, with his expertise and, you know, his experience being a teacher, being a principal, administrator, speaking with other administrators and other schools, knows how important it is to, you know, make sure that children are getting the nutrition that they need.

And I just want to go, you know, talk about a little bit about the former premier, Brian Pallister, and how this government is continuing that same agenda. You know, the premier—the former premier, he had said that if children are going to school hungry, then parents aren't fulfilling their responsibilities.

Well, Deputy Speaker, families are doing the best that they can with what they have. And, you know, people that are on EIA or that are, you know, working minimum-wage jobs—working two, three jobs—some of them because they're single parents. They have to pay daycare. And daycare, you know, is not cheap in this province.

And, you know, this government hasn't been supporting parents in the way that they should be supported. We have a long, you know, wait-list for parents. And these parents are struggling. They're struggling to, you know, send a lunch to school for their children. And that deters parents from maybe sending their kids to school.

I just had a conversation yesterday with Sel Burrows, who does a lot of great work in Manitoba but, you know, a lot in Point Douglas. And we were talking about absenteeism and, you know, how nothing's been done about, you know, making sure kids are going to school.

And I know, as an educator, that certainly I've done my best to make sure I had a fridge in my classroom, that, you know, out of—and I know there's a lot of teachers that are doing this—out of their own pockets, you know, providing snacks to kids, providing breakfast.

And this government, you know, needs to step up to the plate. They need to listen to the community leaders. They need to listen to the Child Nutrition Council. And they certainly need to be attuned to what's going on in the community and what the needs are of people who are struggling.

So I say to this government: this is a good bill to support. They should be reporting on this so that they can see where the challenges are and how they can better support families.

So with that, miigwech.

House Business

Mr. Matt Wiebe (Acting Official Opposition House Leader): Pursuant to rule 33(8), I'm announcing that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Point Douglas (Mrs. Smith). The title of the resolution is Calling on the Provincial Government to Immediately Increase the Minimum Wage to \$15 an Hour.

Mr. Deputy Speaker: It has been announced by the honourable member for Concordia (Mr. Wiebe), pursuant to rule 33(8), that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Point Douglas. The title of the resolution is Calling on the Provincial Government to Immediately Increase Minimum Wage to \$15 an Hour.

* * *

Hon. Sarah Guillemard (Minister of Mental Health and Community Wellness): I will have some brief remarks to put onto the record in support of child nutrition within schools.

I was happy to meet with Wendy Bloomfield and—who is the chair of the Child Nutrition Council of Manitoba—last month in April, along with Samantha Turenne, who is the vice-chair of this organization. And I would also like to thank them for their dedication to school nourishment, which supports the development and learning of children in Manitoba.

Our government is providing \$1.3 million from this year's budget to the Northern Healthy Foods Initiative to assist in the development of programs driven by northern communities that develop resources, opportunities and education around local food systems. The Frontier School Division's Grow North program is a part of this initiative, as is Canadian—or Child Nutrition Council of Manitoba.

We also, last year, Mr. Deputy Speaker, had increased the budget for Child Nutrition Council of Manitoba by \$200,000 in order to provide more funding to school nourishment programs and so that they could provide more food to children throughout the province. Our government has continually invested in these very valuable programs to assist families who do struggle with affordability, in addition to other initiatives throughout our budget that

really reflect on the struggles that families are facing today.

So, Mr. Deputy Speaker, I think that this is an opportunity to—as well to commend the Child Nutrition Council of Manitoba. They support more than 271 programs and they reach more than 33,000 students every day. This is information that is readily available to the public. They are happy to report on their programs, their initiatives and all those who they serve. And we are happy to support that transparency.

We've also, as a government, created a provincial Task Force on Poverty and Education with inter-sectoral stakeholders from across Manitoba, in order to explore impacts of poverty on education, identify actionable strategies to remove barriers to the participation in learning and work in connection with the Province's Poverty Reduction Strategy. Public engagement is, right now, under way. So, the task force has established a subcommittee on nutrition and food security. I'm very much looking forward to hearing the results of the consultations and recommendations which I know our government will be eager to implement.

* (10:50)

Mr. Deputy Speaker, I would like to also indicate that a healthy diet for proper—and proper nutrition are necessary for student academic success. And we recognize this as a government and, by supporting organizations that provide school nourishment programs, we help to ensure students in Manitoba are able to reach their full potential.

And I just want to also indicate that our government has supported Healthy Schools grants, Project 11 Thrival Kits and PAX Dream Makers as school-based initiatives which provide health promotion and illness prevention supports for our children and youth during a critical time of their development.

And with those few words, Mr. Deputy Speaker, I will sit down and allow others to share their wonderful words.

Ms. Cindy Lamoureux (Tyndall Park): I'd like to thank the member for Transcona (Mr. Altomare) for bringing forward this legislation, because whenever we're given the opportunity to talk about child and nutrition programs within our schools and our education system, it's a good conversation to be having because it's important we're all aware of it as legislators.

You know, just a couple of weeks ago, I introduced the resolution calling to increase investment to school nutrition programs, and a big part of this resolution for myself was the consultation process. It took a long time; it took about six months, Mr. Deputy Speaker, in consulting with many different groups, many different schools, also the Manitoba Teachers' Society and the Child Nutrition Council of Manitoba.

And it does concern me a little bit that the way in which the member introduced this legislation, he was very vague in how and who he consulted. And even when I asked the question, did you consult specifically with CNCM, he said he couldn't remember who he consulted with, but perhaps he did, a few weeks ago. And it doesn't provide a lot of confidence in the legislation, Mr. Deputy Speaker.

And it's important that when you're introducing legislation, especially here in the province of Manitoba, that it's factual. We need to make sure that legislation going—that's going to affect all Manitobans is, in fact, factual. We owe it to Manitobans to do our diligence in introducing legislation.

So, a couple of things that I would like to—
[interjection]

Mr. Deputy Speaker: Order.

Ms. Lamoureux: —put on the record here. And I know I'm upsetting the member from Concordia, right now, but he'll have an opportunity to speak to this bill, as well, if he would like. But right now, it's my opportunity.

So, a couple of things that I would like to correct is just where these meal programs are located—
[interjection]

Mr. Deputy Speaker: Order.

Ms. Lamoureux: I can wait until the member is finished.

Mr. Deputy Speaker: I just remind those members not holding the floor that the honourable member for Tyndall Park (Ms. Lamoureux) does have the floor and thereby has the right to speak uninterrupted for the time allotted to that member. So if other members can be respectful and listen, as has been the case for those who've spoken before, that would be much appreciated.

Ms. Lamoureux: And if members allow for me to share my words, I will actually wrap up before 11 o'clock, so maybe this legislation will move on, towards committee.

A couple of corrections I just want to put on record here is where these meal programs are located. So the member spoke a lot about how they're located in Winnipeg, but the reality is there's 19 programs—CNCM programs—in Interlake-Eastern Regional Health Authority, 27 in northern regional health authority, 75 in Prairie Mountain Health and 26 in Southern Health. That's in addition to the 131 in Winnipeg. So that's 147 CNCM programs in rural Manitoba, in addition to Winnipeg. And it's important that that factual information is put on record.

The second correction that I want to make—because it's important to debunk this information being put on the record by the member for Transcona (Mr. Altomare)—is that meal programs are not only for those who are in poverty. Meal programs are also for those who take the bus in the morning. Mr. Deputy Speaker. And I did hear a little bit of—from the member from Point Douglas, and I do want to give her credit. She actually did talk a little further to this and added some clarity, that meal programs are not just for those who may not necessarily be able to afford food in the morning at home, but those who take the bus to school in the morning—whether they get on the bus early, whether it's a long commute—whatever the reasoning may be, oftentimes students will get to school with empty bellies and in the need for food.

We can talk about morning responsibilities. I remember I shared this example a couple weeks ago, but during I Love to Read Month, I was able to talk with a student, and she was telling me all about the responsibilities they have in the morning helping with chores, helping their sibling with chores, and because of that they can't always find time or sometimes they forget to eat before they go to school. [interjection]

And we haven't even talked about extracurricular activities, whether that's track or field—and again, Mr. Deputy Speaker, the member from Union Station and the member from Wolseley, they're really making it difficult for me to be able to focus right now, but.

Mr. Deputy Speaker: Order, please. This is opposition morning, and I think it's in the best interests of opposition members to facilitate the smooth passage of this opposition private member's bill.

Those members who are interrupting debate and talking while another member is talking are not advancing their own interests. I would encourage all members, please, to be respectful and to allow the member for Tyndall Park to speak with a minimum of interruptions.

Ms. Lamoureux: So just a few more words I would like to put on record—a few more words that I would like to put on the record here, Mr. Deputy Speaker.

Again, because of poor consultation, it was failed to be mentioned that schools that participate in CNCM programs have to provide receipts for analysis so that CNCM actually knows how these funds are being spent, and this gives the autonomy to schools to determine what programs may be applicable for their schools. An example of this would be with cultural appropriation, Mr. Deputy Speaker.

You know, there's a lot of data already made relevant to Manitobans, and we've all been briefed on it as legislators here in this House. And, you know, CNCM currently has 13 schools on a wait-list for these programs, and so I'm concerned with the legislation, I'm concerned about who will be doing the work behind the legislation.

I know our educators have enough on their plates, and I trust that the member for Transcona (Mr. Altomare) is well-acquainted with this; he should be familiar with this, all the work that they currently do, and then going through a pandemic and having to adapt the curriculum. Mr. Deputy Speaker, we shouldn't be adding more work to them. So the question of who would be actually implementing and doing these reviews is outstanding.

I think what is really needed here in the province of Manitoba is the implementation of investments. Let's invest in these programs and make sure that all students in Manitoba can have access to food in schools for whatever reason that may be.

Thank you for allowing me the opportunity to share a few words, Mr. Deputy Speaker.

Mr. Josh Guenter (Borderland): I do appreciate the opportunity to speak on this. I think, notionally, I think this House does agree. It seems that, you know, children should be able to go to school well-fed and that sort of thing, I don't think there's any sort of dispute on that. And, frankly, I am quite sympathetic to, you know, any supports that we can provide to enable parents and caregivers to ensure that children do go to school with full bellies.

But I do think, you know, listening to the debate, it is interesting, the—that the members of the opposition in particular, you know, arguing with one another on this subject in particular, members of the official opposition, the NDP, who appear intent on forgoing any attempts at fostering unity on this issue and perhaps getting this bill through. And I think the

debate has been quite useful and raised some concerns, and I think this is a subject that we need to grapple with a little more.

Myself, coming from a rural area, I think of my years in elementary school and high school, and ran into a former classmate of mine—

Mr. Deputy Speaker: Order, please. When this matter is again before the House, the honourable member for Borderland will have eight minutes remaining.

RESOLUTIONS

Res. 16—Calling on the Provincial Government to Invest in Public Healthcare Nurses

Mr. Deputy Speaker: The hour being 11, it is now time for private members' resolutions. And today we will consider resolution 16, Calling on the Provincial Government to Invest in Public Healthcare Nurses, sponsored by the honourable member for Wolseley.

Ms. Lisa Naylor (Wolseley): I move, seconded by the member for Union Station (MLA Asagwara), that the Legislative Assembly of Manitoba urge the provincial government to increase investment in public health-care nurses. *[interjection]* I apologize—do this again.

I move, seconded by the member for Union Station,

WHEREAS the Provincial Government has tripled spending on private for profit agency nurses since 2017; and

WHEREAS the Provincial Government's spending on private agency nurses is projected to reach \$40 million a year in 2021; and

WHEREAS the Provincial Government was heavily reliant on private agency nurses before the pandemic; and

WHEREAS this large amount of spending on private for-profit nurses threatens the ability of the public healthcare system to attract and retain nurses; and

WHEREAS 2,400 nursing positions across the province are currently vacant; and

WHEREAS in the last few years the Provincial Government has cut nurses, which has weakened Manitoba's ability to respond to the COVID-19 pandemic; and

WHEREAS this Provincial Government's cuts and lack of respect for nurses has caused many to leave

for other provinces or to leave the profession altogether; and

WHEREAS this Provincial Government has mismanaged the COVID-19 pandemic response, resulting in nurses having to work many hours of mandatory overtime; and

WHEREAS nurses across the province have been forced to work nearly one million hours of overtime in 2021 alone; and

WHEREAS many nurses have been directed not to take vacation over the summer due to this Provincial Government's COVID-19 mismanagement and understaffing; and

WHEREAS the millions of dollars spent on private agency nurses could instead be spent on hiring more nurses in the public system.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to increase investment in public health-care nurses rather than private, for-profit agencies.

Motion presented.

Ms. Naylor: This government is using the oldest trick in the book to ruin public health care and then hand contracts to the private sector as a form of solution to the problem that they created.

This isn't just happening on a small scale. Right now, there are 2,400 vacant nursing positions in the province and \$40 million a year being spent on private agency nurses. But the answer here isn't complicated. Instead of relying more and more on for-profit companies, the Province should just fill the public nursing positions that it is leaving vacant.

The PC government clearly want American-style health care, but Manitobans want a strong, public health-care system, something that is accessible and affordable and equitable across this province. This March, Probe Research asked whether Manitobans wanted the Province to hire more health-care staff through the public system or pay private providers, and a full 68 per cent preferred to invest in the public system. This PMR fully reflects the views of Manitobans.

The PC government has created chaos in our public health system beginning long before the pandemic. They closed three emergency rooms and an urgent-care centre. They cut 56 in-patient surgical beds. They cut 18 ICU beds. And in the last four years, they have closed 124 beds across Winnipeg. They also

fired dozens of health-care workers. These cuts left us unprepared for a pandemic. Private agency nursing has skyrocketed, and last year this government spent \$40 million.

Under the cover of the pandemic, they're privatizing millions of dollars in surgical services to the private sector, yet they haven't replaced the surgical beds they cut in consolidation. The previous Health minister gave \$8 million to privatize outpatient surgeries with private providers such as Prota Clinic, Maples Surgical Centre, Cardio 1 and western surgical. And, using the pandemic, the Conservative government quickly prioritized—sorry—and, using the pandemic, the Conservative government is quickly privatizing health-care services.

They entered an untendered \$4.5-million contract with Morneau Shepell for virtual mental health services at a time when hundreds of local mental health-care workers were laid off during the pandemic. They outsourced \$16 million in COVID screening and sequencing to Dynacare. They outsourced contract tracing to a virtual call centre, 24-7 Intouch, leading to many Manitobans receiving misinformation about isolating and quarantine requirements. Current contracts for all services total over \$50 million.

The PC government cut 50 health jobs in the midst of a pandemic, saying it was essential that health regions meet their budgets, but at the very same time, they contracted management of vaccine distribution to private companies whose recruitment efforts were referred to as a gong show by nurses.

It should not be surprising. The PC government has spent years cutting and cutting and defunding public health care, while contracting out and privatizing health services.

In 2017, they defunded outpatient physiotherapy and occupational therapy services in Winnipeg, resulting in over 20 people losing their jobs and thousands of patients to pay out of pocket for the service. We are now the only major health region in Canada that doesn't have some kind of public option for these services.

They handed over \$15 million in contracts for private home-care companies, with no evidence whether the private contracts delivered on value or quality. They're opening the door to private, for-profit diagnostic services for EKGs—[interjection]

Mr. Deputy Speaker: Order, please.

Could both sides listen to the debate? Take conversations to the loge, or the hallway, or wherever, but when we're sitting here, we should be listening, we should be paying attention. If the chatter could go down a few levels, that would be much appreciated, I think, for all concerned.

Ms. Naylor: Thank you, Mr. Deputy Speaker. I appreciate that when we're in here, colleagues are doing other work and talking about other important matters, but it can get kind of loud at times, so I appreciate you mentioning that.

They're opening the door to private, for-profit diagnostic services for EKGs and ultrasounds at Prota Clinic, which the federal Health Minister says should be covered by provincial and territorial plans.

But Prota Clinic continues to advertise its diagnostic services without a provincial licence, and, when pressed, the former Health minister had said of—his government was open to privatizing MRIs and other diagnostic testing. And their plans include privatized lab services and diagnostic imaging.

We're not alone over here in our criticism of the PC government. The federal government ordered the PC government to comply with the Canada Health Act by prohibiting private diagnostic services and addressing private nurse practitioners, charging for services normally covered under our provincial health plan.

And the PCs still have not resolved this. Their failure to comply could cost Manitobans millions of dollars. We know where the PC government is headed next, applying a health premium, also known as a health tax. This is something they've already tried to implement.

Manitobans are clear, Mr. Deputy Speaker: health care should be universal and affordable. They don't want two-tiered, American-style health care. Health care is a matter of life and death, for all of us, for everyone in this Chamber, for everyone in this province, and no one should pay additional taxes or fees to access the care they need.

The PC government will be quick to claim that the only reason that they're hiring private nurses is because of the pandemic, but, in fact, they laid the groundwork for privatization long before the pandemic took—you know, made further cuts to our health-care system. They've been making cuts since they took office.

The PC government cut health care right before the pandemic. Health funding for 2018-2019 was underspent by \$250 million. Budget 2019-2020 cut funding for health care by \$120 million. In 2021, funding for long-term care was well below the rate of inflation, and this, after the terrible events during COVID in our personal-care homes. Budget '21-22 included funding cuts of \$13 million for acute-care services delivered through regional health authorities. That means less care by the bedsides.

And we see the results of their cuts throughout the health system. The PC government left our hospitals unprepared for a pandemic, and when Winnipeg ran out of—so that Winnipeg ran out of ICU beds, and it's no wonder.

Critical care at Grace Hospital has a vacancy rate for nurses of 26 per cent. Critical care at HSC has a vacancy rate for nurses of 31 per cent. And emergency care at St. Boniface Hospital had a vacancy rate for nurses of 28 per cent.

Mr. Dennis Smook, Acting Speaker, in the Chair

The PCs are still forcing cuts on hospitals, including \$2.8-million cut for vacancy management at prairie region, \$2.2 million in efficiencies cut at Southern Health, \$516,000 for streamlining and efficiencies at Interlake, and \$2.3 million in northern health to downgrade standard of care in PCH and elimination of subsidies for patients who have to travel within the region for care.

** (11:10)*

And the situation has continued to deteriorate in Winnipeg as well. ER wait times are the highest we've seen in a decade. This PC government is completely out of touch. After cutting 75 nurses at Red River, one year later they told the media, Manitoba needs more nurses—wonder why.

They also just finished closing the doors to another primary-care clinic, St. Boniface Family Medical Centre, after closing the Corydon clinic and QuickCare clinics.

They have pushed the consolidation of Dynacare clinics, resulting in longer waits for simple diagnostic tests like blood work; 26 of 53 diagnostic labs closed, replaced by four super sites, making it harder for Manitobans to access the care they need.

And we know that paramedic service has been begging the Province for funds for more ambulances, as there has not been a net—new ambulance in more than—in many years.

The PC government's consolidation of neurology services led to the departure of many neurologists and a 36 per cent vacancy rate. I've spoken here before of the—of many children waiting for neurological care, including surgery and including a child in my constituency.

They closed CancerCare sites at Concordia and Seven Oaks and cancelled intravenous therapies at Transcona ACCESS Centre.

They've run rural health care into the ground, forcing emergency rooms closed at Roblin and Grandview for months.

We will fix the PC government's mistakes and the crisis they have created in the health-care system, and we will do this by repairing the relationship with front-line workers. And today, we call on this government to once again invest in publicly funded nurses in our public health-care system.

Thank you very much, Mr. Deputy Speaker.

Questions

The Acting Speaker (Dennis Smook): A question period of up to 10 minutes will be held, and questions may be addressed in the following sequence: the first question may be asked by a member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question. And no question or answer shall exceed 45 seconds.

Mr. James Teitsma (Radisson): I thank the member for bringing forward this topic. I think it is—it's something that deserves discussion. Certainly, I know I have a great deal of appreciation for the work of nurses, especially in our health-care system, and I'm ever so grateful for them, regardless if they're showing up at my bedside as an agency nurse or a public health nurse—I'm not sure I could tell the difference, actually. But—when—as a patient, certainly.

But, I would just ask the member, you know, are there jurisdictions in Canada that don't use agency nursing at all? Are you aware of any?

Ms. Lisa Naylor (Wolseley): I thank the member for that question, and I can't give you an answer on that, I apologize.

This is—the health care is a very, very important issue to myself and to my constituents, and this issue of private funding is very important, but as I am not the critic in this area, I don't have a broader scope of some of those decisions across the country.

MLA Uzoma Asagwara (Union Station): I'd like to thank my colleague, the member for Wolseley, for bringing this really important motion forward.

You know, I know she's been advocating tirelessly on behalf of her constituents who have been affected by this government's cuts to health care and the way that they've mistreated nurses and health-care professionals since 2016.

I'm wondering if the member could provide her thoughts on the fact that the Premier (Mrs. Stefanson) has stated that investing in nurses, and I quote, regardless of public or private, is their plan.

Does that comment give the member any confidence that she—that the Premier actually appreciates or even understands the importance of a public health-care system?

Ms. Naylor: I thank the member from Union Station for that question. And no, that quote does—did not give me any confidence when it was said, and it certainly doesn't give me any confidence now.

I think that, you know, it's really unfortunate when folks who have no barriers—no financial barriers in their lives are making decisions for people who have so many barriers and can be so casual about private versus public and what's provided. And I—it deeply disturbs me that this government does not understand the significant impact on most Manitobans of this careless decision making.

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker, my question to the member: I wonder if the member would help us understand why there are so many vacant positions, so many vacant nursing positions, including in such drastic areas or areas of drastic need like emergency rooms?

Ms. Naylor: I think there's multi-faceted reasons for this. Absolutely, the starting point is that this government cut positions. They cut positions. They came into government and said, we just don't need as many nurses in this province.

Then we've added onto that the factor of having a pandemic and the burnout that's happened, the people being asked to do so much more with less. Nurses, long-time nurses leaving their profession, taking early retirement or going into completely other professions to protect their own mental health and sanity. And so this has just continually added to the chaos.

Nurses have not been listened to. They were without a contract for a long time. And so—

The Acting Speaker (Dennis Smook): The member's time has expired.

Mr. Brad Michaleski (Dauphin): I would just like to say, this PC government, I know, supports all nurses. We don't like the picking and choosing and wedge issues that are going on here.

We invested in nearly 1,600 nursing training seats. We've graduated 15 per cent more nurses. We're—internationally educated nurse applicants are able to obtain the licence and start practising in Manitoba with up to \$23,000 in financial aid. We've added 60 new full-time nurse positions in ICUs to Brandon, Grace Hospital, St. Boniface and Health Sciences Centre.

So I want or like to know: Can the member advise on why they are against agency 'nervices' when the president of the MNU—

The Acting Speaker (Dennis Smook): The member's time has expired.

Ms. Naylor: I think this is an interesting spin on the facts and on what I've said. The folks who serve as agency nurses are good people and maybe good nurses as well. This isn't about that. This isn't about a split between—this is about a value of a public health-care system. This is about saying, this is where the dollars are going to go, that we're not going to rely on, you know, throwing millions, \$40 million or more, towards a private system, a for-profit system, when we can be investing in a public system and making it stronger and ensuring we have the health care that people need when they need it.

MLA Asagwara: I'm wondering if the member—I'm just inspired by the member for Dauphin's question—and so I'm wondering if the member for Wolseley (Ms. Naylor) could provide her own thoughts on the fact that this government has been mistreating nurses since 2016, has made their working conditions so unbearable—and, in some cases, traumatic—that nurses have been forced to leave the public system and deprive it—work for private agencies just to maintain some semblance of balance in their lives.

And I'm wondering if the member for Wolseley could talk a bit about why the government's mistreatment of nurses has had this kind of an impact, and what she's heard from professionals that she knows in her community?

Ms. Naylor: You know, there's been a lot of traumatic stories coming out of the health-care system. And

those aren't just from patients. There's a lot of nurses that have literally experienced trauma in their lives.

When we hear the stories of, you know, their fear of walking through a hallway and even making eye contact with some of the folks experiencing hallway medicine because they simply can't meet the need, and it's so painful to, you know, it's so painful to—I had a constituent who was kept near the nursing station for weeks in his bed in the hallway because his condition was so serious they had to keep an eye on him. But the poor man was in a public setting with his broken hip where he couldn't get out of bed. And that was traumatic for the nurses serving—

The Acting Speaker (Dennis Smook): The member's time has expired.

* (11:20)

Mr. Len Isleifson (Brandon East): I do want to thank the member for bringing this resolution to the floor to give us an opportunity to have a conversation about it and hear different views, because hearing other views are very important for all of us in bringing forth legislation.

And I know one of the most famous questions we always talk about on resolutions is consultation. And I know even last night I was back in Brandon for an event and I sat with some nurses at the table, and I was able to communicate and listen to them as well.

So I'm just wondering if I could ask the member if she could share with the House on the consultation process—who she consulted with and how long that consultation process was?

Ms. Naylor: This PMR is really a group project from our side of the House. Our Health critic has spent hours and hours talking to, consulting with, nurses throughout the pandemic—certainly more, you know, certainly closer to this PMR, more recently.

But each of us has nurses in our constituency, each of us talks to—not just nurses, I've talked to paramedics who've been called in to do the job of nurses, who've talked to me about the trauma and the stress of that situation. We—you know, we have done extensive consultation on this issue. I would—I think every member of this House has—or, of this side of the House, has had those conversations with nurses—

The Acting Speaker (Dennis Smook): The member's time has expired.

MLA Asagwara: Just want to thank the member for Wolseley for her thoughtfulness in her responses and

for doing what I know she does so well, which is centring the folks who are really impacted by this government's terrible decision making in health care.

I'd like to ask the member if she thinks that, more broadly, we've seen several ministers of Health during this pandemic. You know, different ministers of Health made decisions to cut health care leading up to the pandemic.

I'm just wondering, you know, does this member think that the government as a whole understands the difference between private and public health care, and the impacts that has?

Ms. Naylor: Well, the easy and quick and accurate answer is no, they don't understand the difference, clearly. But maybe that's letting them off the hook.

Maybe they actually do understand the difference and it's more important to them to save a little money over here in the public system while they filter that—those dollars into the private health-care system, help out some friends who own some businesses, because we see that all over the place, and to really just create chaos, to move towards a vision of a privatized system where the government simply doesn't take responsibility for the people of the province.

So maybe they do know the difference.

The Acting Speaker (Dennis Smook): Time for questions has expired.

Debate

The Acting Speaker (Dennis Smook): The floor is now open for debate.

Mr. James Teitsma (Radisson): Appreciate the opportunity to speak on this resolution. I, you know, I came in this morning assuming that the topic that we'd be focused on was nurses and nursing. The member who brought forward the resolution has gone to all sorts of different places and—in her remarks. Perhaps I will take some of those same liberties as I do my remarks and talk about some of the other aspects of our health-care system.

But I just want to start by expressing my gratitude for what nurses do in our system. I know it's a difficult job. It's a challenging job, and I have a great level of admiration for the people who choose that career and who dedicate their lives to serving patient needs in our hospital system, in our walk-in clinics, wherever else they may be finding employment—through home care and in a variety of clinics across the city and a variety of hospitals.

I've actually spoken with several nurses—I would say, actually, well over a dozen nurses in—just in the last few months—and a lot of soon-to-be nurse graduates, as well, about, you know, what they think about our health-care system, what improvements they think could be made and what would also encourage them to take work here, to want to continue to work here in Manitoba, not to leave our jurisdiction, right?

To try to get—I was trying to get at the—you know, some of the root causes of the challenges that Manitoba historically has had. This is not a partisan comment at all, but, historically, Manitoba has had challenges in both recruiting and retaining nursing staff. And this is something that, you know, it's—you get a number of different opinions, but you do pick up on some themes. And so I was very pleased to have those kinds of conversations.

I can say that the current subject of private versus public is not one of the themes that the nurses brought forward—nursing students brought forward to me in terms of what would make them want to stay in Manitoba versus leave. Instead, they were more focused on things like ensuring that they have a work environment that's a work-life manage—a manageable work-life balance, that they have technology at their fingertips that enables them to do their work efficiently and effectively and to really exercise their—the full scope of practice. These are things that nursing students have spoken to me about.

And, you know, when I talk about technology, you know, whether that's at the bedside or, you know, a couple other examples—I think the member opposite mentioned Dynacare clinics. She seemed to somehow be frustrated that we've got this—you know, certainly, in my constituency, I have a large, new Dynacare clinic. It is performing very well. It's been given very high levels of appreciation by my constituents, by the citizens who live there, compared to some of the much smaller clinics and the difficulties that those smaller clinics posed.

I just—you know, as I was here, this is the wonders of technology, I've got Wi-Fi in here, I can go to Dynacare.ca and I can check what the wait time was at the clinic in my area. It was zero minutes—zero minutes. They are able to take somebody for a walk-in appointment right now in my constituency, so I thought, well, that's not fair, just to look at one walk-in clinic in the city, let's take a look at some of the other walk-in—or some of the other Dynacare labs.

So I looked at a number of the other ones. There was 10-minutes wait. There was zero-minutes wait at a number of other places. I think I saw one that was 21 minutes. But, by and large, there were no significant waits for Dynacare lab services. So that's something. That's a good thing.

I understand why the opposition doesn't want to talk about that. They only want to talk about things that they think reflect poorly, and, you know, I can appreciate that, but—it'd be their job as government, so my—or, as opposition, so my job as government is to talk about things that I think we're doing well.

So Dynacare labs are functioning well, and the new, large Dynacare lab that's opened in my constituency, that's easily accessible through transit, has a decent parking lot, has the ability to make appointments. I haven't seen big lineups of people waiting outside that lab like I did with the older, smaller labs frequently in my first couple years as an MLA. So, happy with that.

But then turning the—you know, turning to walk-in clinics, as an example. So, some of you might not be aware, but there's a website called Medimap.ca. It's very helpful. Lot—not all walk-in clinics, but many walk-in clinics are registered on there and they keep their wait times up to date. And they also even offer online check-in services

And so, today, I decided I would check, you know, in my constituency what were the wait times for some of those clinics. Well, maybe I can give it to you live, here. It looks like a 10-minute wait time at Regent West Medical Centre Walk-in Clinic. No wait at all at Midcity Medical Centre & Walk-in Clinic on Marion. A 15-minute wait time, Prana family medical centre in downtown Transcona. No wait time at all at the Norwood walk-in and family medical clinic. No wait at all at the Eaton place medical clinic just right downtown here, at 333 St. Mary.

So—and this is the kind of convenience that—being able to access this kind of information online is very convenient. Now, I think—I hear the members opposite chirping about, you know, that that doesn't necessarily serve somebody who maybe doesn't have Internet access. I can appreciate that. Certainly, it's a service that I offer at my office, is that if a senior wants to call my office, my constituency assistant is happy to point out to them which clinic, or even to make an appointment—*[interjection]* Or even to make an appointment on their behalf.

So I'm not sure what's bothering the members opposite. Any enlightenment from my colleagues—I can't seem to—*[interjection]*

The Acting Speaker (Dennis Smook): Order. It's getting a little bit loud in here. I would ask the members to allow the member who has the floor to continue with his speech, so they would offer the members across the way, the courtesy of the same.

Mr. Teitsma: I'm not denying that, certainly, in some contexts of our health system right now, wait times are a challenge, and we've read about that in our newspapers. We've heard about that on the news. We've talked about it in this House. It's a significant challenge, and it's not one that I'm attempting to minimize in any way.

But when it comes to some of these other service—Dynacare clinics, the walk-in medical clinics—they're performing well and the wait times are very much reasonable. So that's something that I'm quite pleased with and I should be pleased with.

Now, when it comes to the resolution of—that we're discussing today, a—the resolution that we're talking about today is about nurses. And I think I've already expressed great appreciation for the work of nurses. Certainly, I very much appreciate meeting nurses when I'm out knocking on doors. And I've met quite a number in my years of campaigning, and I go back to them. They know who I am; I know who they are. And I ask them for their input and advice on a regular basis. And I appreciate the collegial and cordial discussions that we can have. We have discussions that result in positive feedback, ways that we can make our system better.

* (11:30)

And that's certainly what I'm committed to doing as a legislator, as an MLA here. And that would go for, I hope, the members opposite as well. And I've—I'll give all confidence to the member for Wolseley (Ms. Naylor). I do believe that she's genuine in her concerns and that she, too, advocates for a better health-care system. So I appreciate that. I think we can both agree that we're—we both want that, we want what's best for Manitobans. We want people to be able to 'ceive' the care that they need close to home. We want people to be able to 'ceive' the care they need when they need it. That's our goal. And that's a goal we share.

And so what we need to do is we need to look at ways that we can accomplish that. And what I would suggest to the member is that the results are what

matter. The results are what matter, so if we are able to deliver care through a public system that's publicly funded with public health nurses, I'm very happy about that and I want to keep that going. I want to keep that going. If there's private partners that come alongside as they have for decades in this province—because almost every doctor's office is a private clinic by definition, and we certainly have medical clinics, the Dynacare labs that I've referenced earlier, walk-in medical clinics. We have a variety of these partners that aren't necessarily directly funded by the public system but are contracted by the public system to provide services and go under a fee schedule. They're part of our health-care system. And the same thing goes for agency nurses.

I think, you know, I think about what the MNU president Darlene Jackson had to say about nurses and, in fact, what some of the—about agency nurses, and, in fact, what some of the nurses that I've spoken with is they're grateful for the help. You know, if they have to choose between running a shift short-staffed or getting an agency nurse to help them, they say please and thank you for the agency nurse. That's the reality of the situation.

And you know what, the—right now, the NDP are trying to make—they're trying to make hay, but they're not being honest to their own record. The fact of the matter is, is that agency nurses were in existence when they were in government as well. And they were used, actually in increasing proportion: 2010, 2011, 2013, 2014, 2015. Over that time, the amount that the NDP government was spending on agency nurses, I believe it doubled over that time, and it's a total of \$46 million over those six years. That's not a criticism—not a criticism. What that is, is an observation of fact.

And that's where I would encourage the members opposite to take a healthier view to our shared goals. We both want, we all should want, I hope, better care for Manitobans. And we should all want our nurses to be respected and treated well in our system. We should all want them to want to work here in Manitoba. That's my goal. I hope it's the goal for the member for Wolseley (Ms. Naylor).

And I thank you very much for your time today.

MLA Uzoma Asagwara (Union Station): Mr. Deputy Speaker, I am thrilled to put some words on the record in regards to this motion brought forward by my colleague, the member for Wolseley.

I am blown away by the comments the member for Radisson (Mr. Teitsma), that he just put on the

record. I am really and truly—I—oh, my goodness. I mean, really and truly, he essentially just exemplified what is wrong with this government, why their approach is so reckless and harmful and without reason and research, without awareness of what's going on in our health-care system, without appreciation for who it impacts and how, and why.

I'm not even quite sure where to begin, Mr. Deputy Speaker. But I guess I'll start with his comments about Dynacare. This member stood up and in—with arrogance, in all of his privilege, actually went onto his computer using Internet provided to us by the Legislature, or maybe he toggled it off of his phone, but he started—that was his starting point in talking about the privatization of labs by Dynacare—with Dynacare in our province. He actually did something that thousands of Manitobans don't have the resources to do. That's how he talked about this particular issue, from a place of incredible privilege. On his phone, talking about all the different locations that he could just hop into his car, drive his vehicle to go to—when gas is almost \$2 a litre—and pick and choose what locations at the city he can afford to spend the time to go and wait and get lab work done.

When, Mr. Deputy Speaker, there are countless Manitobans who don't have the luxury or the privilege of being able to do so, who wouldn't have been able to start where he started on his laptop to get the information, who can't—for a wide range of reasons he clearly doesn't care about—stand in line out in the cold or in the rain or without support and wait to get lab work done.

Mr. Deputy Speaker, that was an embarrassing display of how out-of-touch not only that member is, but unfortunately, many members, more broadly, their caucus is, with how their decision-making affects Manitobans.

Really and truly, I mean, I'm not sure what he thought he was doing with that, but he certainly did not have the impact I think he intended to. All he did was remind many Manitobans of how much they miss their local labs where they used to be able to—as I did, Mr. Deputy Speaker. I was able to see my doctor, get lab work in the same building. If I needed a dentist appointment I could literally walk across the street and do the same thing, in the West End of Winnipeg.

Many people, low-income folks in the community could do the same. They used to be able to do the same, until this government privatized that aspect of health care, and now those very same people in this very community called Union Station, after they see

their primary-care providers—if they're able to find one, because, under this government, that has been significantly delayed—have to find the resources to take the bus, or maybe walk for quite some time, take a cab if they can afford it—because many of them don't have the luxuries that this member just put on the record—to figure out where to go to get their lab work done now and make the arrangements to do so: child care in place, make sure they're physically able to do so, et cetera.

So I guess that's where I'll start.

Mr. Deputy Speaker, the member, his last remarks were that it's the results that matter. Again, I can't even capture, in these short few minutes that I have, how incredibly out of touch that member from Radisson's remarks are.

So let me just remind that member, and members opposite, of the results we're seeing right now in our health-care system as a direct result of their agenda to privatize health care, to create a for-profit, two-tier, American-style health-care system here in Manitoba.

We have the longest wait times you ever seen in emergency rooms. We have people waiting longer than they ever had to to access a bed, from the ER to another part of the hospital, Mr. Deputy Speaker. We have had Manitobans have devastating outcomes in hallways due to their generation of hallway medicine in Manitoba, due to their cuts. This is—it is ridiculous, Mr. Deputy Speaker, that the member would stand up and actually state: it's the results that matter.

As if we're not seeing the results right now of their decision making. They forced international students into a for-profit health-care system. How many international students have we heard of who have had devastating health-care outcomes because they haven't been able to access health care, because they don't have coverage through their private providers? They've been denied coverage because they go to emergency rooms and they're being told, well, actually you've got to pay up front.

I'm sure the member, if he actually listened to those students, would be aware that there are international students who can't access prenatal health care, because they're being told they have to pay up front, because they don't have access to the public health-care system, which is what we're talking about, that we need nurses in our public health-care system, not forcing nurses, by way of mistreatment and terrible conditions, deliberate underfunding and cuts, to take jobs with private agencies where they can

actually not be mandated to work for, in some cases, weeks in a row, consistently, double shifts.

The member for Radisson (Mr. Teitsma) doesn't have a clue the impacts that his government's decision making has had on nurses. If he did, he wouldn't stand up in this House and minimize what's happening in our health-care system right now as a result of this government prioritizing the privatization of nursing in Manitoba. Nobody on this side of the House would ever be critical of nurses working—of the nurses working for private agencies. Those are good nurses. Those are nurses with great skills.

* (11:40)

What we're saying is that this government needs to invest in public health care and stop deliberately mistreating and disrespecting public health care and the nurses who work within it, to the point where they flee the public health-care system under this government to try to find some reprieve.

And, Mr. Deputy Speaker, I've said this before in the House, I'm going to say this again: It is incredibly disingenuous and deeply insulting for members opposite, including the member for Radisson today, to twist the words of nurses and health-care professionals who, yes, have thanked and been grateful for supporting the health-care system from other nurses, wherever they come from—to twist their words as some sort of endorsement for private nursing. Nurses and—are colleagues, they're collegial, they are going to lift one another up and be grateful when other nurses step up to provide the support that they need.

For this member to stand up in the House—and other members across have done it, even the Premier (Mrs. Stefanson) has done it—to twist their collegiality, to twist their words and to somehow imply that that's an endorsement for defunding the public health-care system, as this government continues to do, is wrong. It is absolutely wrong.

Nurses in our public health-care system are drowning. They are desperate for support. They are desperate for resources. It is disturbing to hear members opposite stand up in this House and minimize the realities of that. I really don't know at this point, Mr. Deputy Speaker, how much more they need to hear in terms of what nurses in our public health-care system are dealing with.

And this notion, this attitude from the members opposite, that somehow privatizing health care or investing only in private nurses, making that the priority above investing in public nurses and public

health care is actually some sort of reasonable decision making is ridiculous. If these folks had done 15 minutes' worth of research on a beautiful piece of technology and innovation called Google, they would know there is clear, resounding, overwhelming evidence and research and data that definitively shows that private, two-tier, for-profit health care hurts communities, hurts populations.

The priority must always be investing and bolstering public health care, first and foremost. That is where you see the best health-care outcomes, that is where you see the best outcomes and levels of morale for your health-care workers.

So, this government that's been in government since 2016 might want to actually start acting like a government that has been in power since 2016: be accountable to their own decision making; reflect on how their decision making affects nurses in the public health-care system—Manitobans, more broadly, across the board—[interjection] And recognize that, as much as the member for Fort Richmond (Mrs. Guillemard) wants to point fingers—I can hear her as she's heckling me—point fingers at decisions decades past, that she has been a part of this government as they've made terrible decisions in our health-care system. She has to live with the consequences of that and needs to face Manitobans and be accountable to that.

The Acting Speaker (Dennis Smook): The member's time—the honourable member for River Heights.

Hon. Jon Gerrard (River Heights): This resolution calls on the government to increase the investment in public health-care nurses rather than private, for-profit agencies. We support this resolution.

The current sad state of affairs in health care in Manitoba is untenable. Rates of unfilled nursing positions are extremely high. As the Manitoba Liberal Leader, the MLA for St. Boniface, pointed out on March the 9th when he tabled a FIPPA report, the Southern Health region has been operating with 584 vacant nursing positions out of 2,448 positions. Almost a quarter of the positions were vacant. Some, such as the Portage hospital, which had a 45 per cent vacancy rate for LPNs, are even higher than this already very high almost 25 per cent rate.

Similar situations are occurring in other health-care regions with currently 2,400 vacancies province-wide. Sadly, this includes areas of drastic and critical need, like emergency and urgent care centres.

Similar—running a health-care system with only 75 per cent of staff in the middle of a pandemic, or

even now, when the pandemic is still there, but decreasing, is ludicrous. It shows as much as any other single thing that the PC government has done that it is incompetent when it comes to managing health care in Manitoba.

Private sector businesses would not run for months or years at 75 per cent staffing when they need a full staff. The government should be an example of strong operational capability instead of an example of how to manage and function poorly. How could this situation have happened? Instead of filling regular public sector staffing positions, which are vacant, the government has been hiring more and more agency nurses.

This is not to say that all agency nurses or many agency nurses are bad nurses. Indeed, I know of some very fine nurses who are working for agencies and who are making a major contribution to the health care of Manitoba. Indeed, we thank the agencies and the agency nurses for doing their best to cover up for the mistakes of an incompetent government.

There are multiple problems which arise from this overreliance on agency nurses, rather than properly staffing regular nursing positions. As an example, in long-term-care homes, agency nurses are less familiar with the residents of the care home. They're less able to ensure their needs are 'mell'—are well met. Residents who may have some level of cognitive difficulties need to have familiar faces around them, and when there's a constantly rotating agency nurses, that's not present. It helps in these circumstances to have a nurse who's familiar with the people who are being cared for, and there are many other circumstances in health care where this applies, but it applies particularly in long-term care.

Relying on agency nurses is more costly. Agencies charge for the cost of the nurse an additional overhead administrative charge, and if there's travel involved to a location outside of Winnipeg, or the home location of the agency, then there may be a travel cost as well. These costs add up. They add up to a higher cost, lower quality health-care system. And that is the legacy of this government.

Ensuring all vacant positions are filled promptly decreases the need for overtime, both regular and mandatory overtime. Having to have nurses work overtime, particularly on a mandatory basis, is a very bad practice. Having a nurse work a second shift after having already worked one shift means the nurse is tired, starting the shift in circumstances where the nurse may be working under additional fatigue and

stress conditions, when we know that mistakes are more likely.

There has been a lot of work, particularly, for example, with interns and residents to recognize the fatigue and stress and burnout and mistakes which happen when people are overworked or worked overly long hours. It's time to recognize that this also applies par excellence for nurses. It's much more difficult for family life and for scheduling time outside of work when a nurse cannot know ahead of time that she or he will be working. It is very disruptive to good work-life balance, a balance which is really, really important to achieve.

There are many more reasons why it's bad policy to delay or stall in filling staff positions, but I think my point is made. Nursing positions and allied health vacancies need to be filled promptly instead of the dawdling of the current government.

* (11:50)

There appear to be many reasons for the government's inability to fill vacancies quickly: (1) they haven't made it a priority; (2) in frequently mandating overtime, they've created conditions where many nurses don't want to work, and they've left the profession or gone to work with private agencies where they can have a better work-life balance. Too many nurses have been burned out by the working conditions and lack of respect under this government. It is a sad and storied testament to the mistreatment of some of the people who are so important to us and to our health-care system, that this has happened.

In introducing bill 28, the so-called public sector sustainability act, which drastically limited the bargaining power of unions in Manitoba, the government created an environment where many were angry and upset that they as nurses were not being well-supported and that their democratic rights were being taken away. Many people don't want to work in the negative environment created by this government.

We heard earlier this week from Darlene Jackson, who presented on Bill 2, a bill which finally is repealing bill 28. She said the incompetence of the government in filling nursing staffing positions has meant almost a million hours of overtime last year. She talked a lot of the loss in trust in the operational capabilities of the PC government. She talked of the hundreds of nurses who've left public sector nursing because of the public sector sustainability act.

The bill was particularly nasty. Interfering with the collective bargaining as the government did has

left a sour taste among nurses, and it won't be easily restored. I have commented elsewhere that when the government runs or operates activities like health care, it needs to do it very well. For a government to do so poorly in operating health care has resulted in a great loss of confidence in the present government.

Mr. Deputy Speaker, we support this resolution. Fulfilling the request of this resolution would be a step in improving the government's operating capability in health care and would help give Manitoba a more sustainable health-care system and would give some healing and improvement to a system which was in difficulty, even before the Pallister-Stefanson government was first elected in 2016. And such difficulties continue and, in fact, are worse today.

Now, the MLA for Dauphin talked of the government creating a few more nursing positions in a few locations. But if the positions are not filled, if they are vacant, this is an empty, vacant promise. Nurses need respect. Vacancies need to be filled if health care is to operate as it should be in Manitoba.

Thank you. Merci. Miigwech.

Mr. Len Isleifson (Brandon East): It certainly is a pleasure to rise in the House and speak on something that I'm passionate about, and that is health care and the state of health care in our province. And again, I said earlier when I was asking questions, and I'll say it again: I thank the member for bringing this resolution forward. It—we really need to have the discussion and we need to hear the views of others. We need to understand what happened in the past, what is happening now so that plans can be made for moving forward into the future.

And I know there's lots of talk about spending money on agency nurses. That's not new. In my previous life, one of the responsibilities I had was to provide accommodations for nurses that were coming into Brandon. In the nurses' residence, we had a number of rooms that we set aside for them. And, you know, some—I'm familiar with their roles and their responsibilities.

And as—when I mentioned earlier about the consultation process, the reason I asked that question is because I have been asking that question of my friends who are still in the business, or again, even last night, a new nurse that I met that I have not met before that is in the Prairie Mountain Health system, to ask the question about agency nurses.

Right now, we need to kind of just take the agency-nurse dialogue and just set it off momentarily

to the side and understand why we have agency nurses.

When we look at the nurses, and I'll give it to the members office—opposite who have mentioned this many times, the overtime rates, the extra hours that are being put into nursing, or the amazing work that is happening in our front line with our nurses and the stress on them for having an environment of employment where we need more nurses.

I have not met one single nurse that does not care about patients. They're in it for a reason. They're in it because they want to make a difference in the community. They have a passion for helping others and they are in a spot where they are getting tired, especially the last two years of COVID. The extra time that they have to put in, they need a break, they want to take, you know, the breaks that they need, but they also want to ensure that health care is there for everyone that needs it.

I know there are a number of nurses working in the public system that appreciate the assistance of agency nurses. And again, it almost makes it sounds in here when we're debating these things that agency nurses is something new. But it's not.

I communicate on a regular basis, and I know it is different in the—south of the border, it is different, but a lot of the travelling nurses in the US, which are an equivalent to our agency nurses, they enjoy a different lifestyle. They will travel the country, they will purchase RVs and they'll live in their RVs full time as they travel from Alaska to Florida and all over the place, providing services as a travelling nurse. Again, ours is a little different up here in agency nurses, because we have provincial jurisdictions.

But, it's going to cost money, and I believe the opposition are well aware of the money that it costs for agency nurses because I do want to go back—2010, we look at who was in power in 2010, Mr. Deputy Speaker, \$4 million spent on agency nurses;

2011, \$6.5 million on agency nurses; 2012, \$6 million on agency nurses; 2013, \$8 million; 2014, \$11 million; and in their previous government's last year, 2015, another \$11 million. So, forty-six thousand, nine hundred and seventy-seven—pardon me, \$46,977,618 total spending on agency nurses.

Why would they spend that kind of money on it? Because there was a need. And that need was even there before COVID.

So two years of going through COVID has certainly made the situation even more dire, more of a need. So I don't—I just want to make sure that we don't rise in this House and condemn agency nurses. Agency nurses are filling a void that we have in our system because of staff nursing shortages. And we are addressing that—and I don't argue that with the opposition, we are addressing that. We have a budget that we have put out that is spending, as we've heard a number of times today, \$7.2 billion on Health.

So here we have—I'm not going to say an overnight solution, Mr. Deputy Speaker, but we do have solutions that we can work on to work in collaboration with our opposition, with their support, with the nursing unions, with the colleges, with the regional health authorities and Shared Health, to ensure that we have an opportunity to fill these public nursing positions, and we do that—as we've heard in the budget—that 400 new nursing positions, right? We just have to look at what has been happening in the past.

When we look at last year, 93 nurses graduated the 12-week critical-care orientation program, 23 of which graduated in January—

The Acting Speaker (Dennis Smook): Order. When this matter is again before the House, the member for Brandon East (Mr. Isleifson) will have four minutes remaining.

The hour being 12 p.m., this House is recessed and stands recessed until 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 19, 2022

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